OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA TATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: NO PLAN OF CORRECTION A BUILDING 01 B. WING 555853 05/13/2009 STREET ADDRESS, CITY, STATE, ZIP CODE F PROVIDER OR SUPPLIER 10D EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Preparation and execution of this plan of K 000 **INITIAL COMMENTS** K 000 correction in no way constitutes an admission or agreement by the Veterans Home of K3 Buildina: 01 California-Barstow of the truth of the facts K6 Plan Approval: January 17, 2002 alleged in this statement of deficiencies and K7 Survey Under: 2000 Existing plan of correction. This plan of correction is submitted to comply with State and Federal The facility is comprised of the 300 and 700 wings law. This plan of correction serves as our of a one story, Type V, fully sprinklered building. credible allegation of compliance. The census is 76 residents. The following represents the findings of the Department of Public Health, Life Safety Code Unit, during a Life Safety Code Survey of the facility, using the NFPA 101 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR 483.70(a) for Long Term Care Facilities. Representing the Department of Public Health: Salvador C. Navarro, HFE I K 012 NFPA 101 Life Safety Code Standard: K 012 NFPA 101 LIFE SAFETY CODE STANDARD K 012 It is the policy of the Veterans Home of California-Barstow to maintain all walls SS=D Building construction type and height meets one clean and free from penetration holes. of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, . 19.3.5.1 Corrective Action On May 14, 2009 an inspection of the holes in the walls that were identified for noncompliance with regulatory standards were evaluated by Plant Operations. The holes This STANDARD is not met as evidenced by: were repaired immediately in the Electrical Based on observation, the facility failed to room, 700 wing Room 323 and TV area 400 maintain the integrity of the building construction pod 300 wing. Also, on May 21, 2009 infor 3 of 8 smoke compartments as evidenced by service training was provided to all plant unsealed penetrations within the facility walls. operation personnel regarding recognizing, These could result in the spread of smoke and repairing and monitoring for hole fire throughout the facility and the increased risk penetrations. of injury to the residents due to smoke and fire. (K 012 cont. on next page) (X6) DATE TITLE BORATORY DIRECTOR'S OR PROVIDER/BUPPLIER REPRESENTATIVE'S SIGNATURE y deticiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that feguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days he date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys nowwing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Facility ID: CA17001867

パシーテント ひつかいみょくいじき

FORM APPROVED

ogram participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				i		APPROVED . 0938-0391
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTI	IPLE CONSTRUCTION	(X3) DATE SURVEY	
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDIN	IG 01	COMPLETED	
	-	555853	B. Wil	1G_		05/1	3/2009
-	NE PROVIDER OR SUPPLIER VETERANS HOME OF CALIFORNIA - BARSTOW			1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 012	Continued From pa	ge 1		012	Procedure for identifying other area		
¥ ∩18 4D	13, 2009, the facility 1. At 11:46 a.m., in there was an appropriate to an approximate round penetration in the same an approximate round penetration in the same and	Room A323, 300 wing, there ely one and one-half inch n the front wall. the TV area, 400 pod, 300 approximately one inch round)) 18	potentially effected As all facility rooms and corridors a potentially affected, on May 13 and 2009 Plant Operations staff inspecte facility rooms and corridors for wall penetrations. No additional deficien were noted. Systemic Changes and Quality Assuments of Plant operations will a monthly audit to assess for penetrations throughout the facility. Moreover, winspections for penetrations will also added to the preventive maintenance program of the facility. These audits	June 8, ed all l cies mance onduct a conscisual of be estand essurance orrective mee.	
	Roller latches are p in all health care fac	rohibited by CMS regulations cilities.		- :	that enable them to close freely. Corrective Action On May 14, 2009 an inspection of de		
		i			Rooms A814, A717, 700 wing and F	tooms	ď

(K 018 cont. next page)

A311, A324, 300 wing were immediately repaired by Plant Operations. Adjustments

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	7: 06/04/2009 1 APPROVED
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	ILDI		(X3) DATE S	
	<u></u>	555853	B. WI	NG.		05/1	3/2009
	PROVIDER OR SUPPLIER NS HOME OF CALIFO	PRNIA - BARSTOW			REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		- **
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET COMPLET DATE DEFICIENCY)		
K 018	K 018 Continued From page 2		K	018	door of room A402 was adjusted to to stay opened freely without a wed Also, on May 21, 2009 in-service w	allow it ge. as	
	Based on observation maintain the corridor compartments as enwhich failed to positic corridor door that wounauthorized manners spread of smoke and and the increased ridue to smoke and fill findings: During the facility to 13, 2009, the corridor do upon self closure. 2. At 11:43 a.m., in twing, the corridor do upon self closure. 3. At 12:05 p.m., in twing, the corridor do upon self closure. 4. At 12:13 p.m., in the corridor do upon self closure.	er. This could result in the different throughout the facility sk of injury to the residents	***	₹₹.	provided to all plant operation staff proper procedure for adjustment of the proper procedure for adjustment of the provided to all nursing, housekeeping plant operations staff on the importation of placing objects in front of fire do prevent them from closing Procedure for identifying other door potentially effected. Please note, as all fire doors are potentially effected an inspection was conducted May 14, and June 8, 2009 of all facing doors for compliance of regulatory standards, of a positive latch when a No further deficiencies were noted. On May 14, 2009 an inspection was conducted of all corridor doors for unany objects that were placed under the that would not allow them to close find the further deficiencies were noted. Systemic Changes and Quality Assumment of the complitations, the Chief of Plant operations, the Chief of Plant operations will be documented and presented to the quarterly Quality Assumment of the complitation of the complitation of the complitations will be documented and presented to the quarterly Quality Assumment of the committee meeting for review and	doors. was g and nce of cors to sentially d on lity fire losed. se of ne doors eely. ance ant ons will ly. The	
K 027 SS=D	corridor door was he	Room A402, 300 wing, the lid open with a door wedge. ETY CODE STANDARD	Κδ	27	evaluation for further corrective actic Chief of Plant Operations and the Sta Compliance Coordinator will monito compliance. (K 027 starts next page)	ındards	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

91

(X3) DATE SURVEY COMPLETED

555853

A. BUILDING

B. WING

05/13/2009

F PROVIDER OR SUPPLIER

YETERANS HOME OF CALIFORNIA - BARSTOW

STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311

YEIERA	W2 HOME OF CALIFORNIA - BANGTON	6	BARSTOW, CA 92311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG -	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 027	Continued From page 3 Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1%-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027	K 027 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to provide a smoke barrier double door to close with a positive latchet in case of a fire. Corrective Action On May 14, 2009 smoke barrier double door leafs located outside A807 were repaired by maintenance staff. Also, on May 21, 2009 in-service was provided to all plant operations staff regarding inspection and repair of facility smoke barrier double doors.		
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain 1 of 7 sets of smoke barrier double doors as evidenced by a smoke barrier door leaf that failed to positive latch upon closure. This could result in spread of smoke and fire from one smoke compartments to the adjacent smoke compartment and the increased risk of injury to the residents due to smoke and fire.		Procedure for identifying other doors potentially affected Please note, as all smoke barrier double doors are potentially affected, an inspection by Chief of Plant Operations was conducted on May 14, and repeated on June 8, 2009 of all facility smoke barrier double doors to test that door leafs worked properly. No further deficiencies were noted.		
К 050 ss=c	Findings: During the facility tour with the facility staff on May 13, 2009 at 10:45 a.m., the smoke barrier double doors outside of Room A807, 700 wing, 1 of 2 door leafs failed to positive latch upon self closure. NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050	Systemic Changes and Quality Assurance Monitoring In order to enhance currently compliant operations, the Chief of Plant operations will inspect all latching door mechanisms of smoke barrier double doors on a monthly basis. These inspections will be documented and presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance. (K 050 starts next page)		
	27/02 00/ Bravious Varsians Obsalata Event ID: Y31821	Faci	iiiv ID: CA17001867 If continuation sheet	Page 4 of 11	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2009 FORM APPROVED OMB NO. 0938-0391

ND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILD	DING 01	COMPLETED	
	•	555853	B. WING		05/	13/2009
(X4) ID PREFIX	(EACH DEFICIENC	ORNIA - BARSTOW ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID , PREFIX	PREFIX (EACH CORRECTIVE ACTION SHO		(XS) COMPLETIC DATE
TAG	REGOLATORTOR	SO IDERTIF TING INFORMATION	TAG	CROSS-REFERENCED TO THE AF DEFICIENCY)	TROFRIATE	
K 050	conducted between	e leadership. Where drills are no 9 PM and 6 AM a coded by be used instead of audible	K 05	K 050, NFPA 101 Life Safety Co Standard: It is the policy of the Home of California-Barstow to n fire system that is installed, tested records maintained.	Veterans naintain a	
K 062 SS=D	Based on record reconduct fire drills at as evidenced by the records for 2 of 12 2009. This could refacility staff membe tasks expected of hand the increased redue to a fire. Findings: During record reviet 13, 2009 at 9:47 a.r a record for a secondurater 2009 PM sh NFPA 101 LIFE SAIR Required automatic continuously maintal condition and are imperiodically. 19.7. 25, 9.7.5 This STANDARD is Based on observation maintain the fire spring record records.	SPIN STANDARD sprinkler systems are ined in reliable operating	к 062	Corrective Action: On May 13, 2009 the missing fire report, which included the 2 nd qual 2008, PM shift and the 1 st quarter PM shift were located and placed designated binder in Plant Operated Health and Safety. Procedure for identifying other repotentially affected As all residents are potentially affected As all residents are potentially affected residents. Therefore, no procedure identifying potentially affected residents. Therefore, no procedure identifying potentially affected reseases. Systemic Changes and Quality As Monitoring In order to enhance currently com-	arter of r of 2009, l in the rions and esidents fected, the stow will to all e for sidents is surance apliant erations/or fire drill onnel. be placed py being ficer to ag tool will Officer to s on a presented c d ction. The	

was missing an escutcheon ring. This could

i - .

monitor for compliance.

(K 062 starts next page)

PRINTED: 06/04/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA TATEMENT OF DEFICIENCIES COMPLETED NO PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 555853 05/13/2009 F PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) K 062 Life Safety Code Standard: K 062 Continued From page 5 K 062 It is the policy of the Veterans Home of result in the spread of a fire throughout the facility California-Barstow to maintain all and the increased risk of injury to the residents equipment including the Escutcheon rings due to a fire. around the fire system ceiling sprinklers, in compliance with regulatory standards. Findinas: Corrective Action During the facility tour with the facility staff on May On May 14, 2009 the Chief of Plant 13, 2009 at 11:40 p.m., in the Med room within Operations made an inspection of the the Nurse Station, 700 wing, 1 of 1 sprinklers was Escutcheon rings in the Medication room of missing an escutcheon ring leaving an the 700 unit and immediately corrected the approximately four inch round penetration 3.3 deficiency. surrounding the sprinkler head. K 076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 Procedure for identifying other Escutcheon SS=D rings potentially affected Medical gas storage and administration areas are As all Escutcheon rings around the fire protected in accordance with NFPA 99, system sprinkler rings are potentially Standards for Health Care Facilities. affected, on May 14, and repeated on June 8, 2009 the Chief of Plant Operations and (a) Oxygen storage locations of greater than designee made an inspection of all of the 3,000 cu.ft, are enclosed by a one-hour Escutcheon rings. One ring in room A719 separation. was repaired and replaced as a preventative measure. No other deficiencies noted. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 Systemic Changes and Quality Assurance 4.3.1.1.2, 19.3.2.4

This could result in the increased risk of fire within the facility and the increased risk of injury to the clients due to a fire.

This STANDARD is not met as evidenced by:

maintain the designated oxygen storage areas for

1 of 8 smoke compartments as evidenced by the

storage of combustible materials with oxygen

tanks within a designated oxygen storage area.

Based on observation, the facility failed to

Event ID: Y31821

Facility ID: CA17001867

compliance.

(K 076 starts next page)

Monitoring

The Chief of Plant operations has now placed inspections of Escutcheon rings for necessary repairs on a monthly preventive maintenance program, with the monitors being presented to the quarterly Quality

Assurance Committee meeting for review

Compliance Coordinator will monitor for

of Plant Operations and the Standards

and evaluation for further action. The Chief

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	1 APPROVED 1 0938-0391
TATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION IG 01	(X3) DATE S COMPL	URVEY
•		555853	B. WI	NG_		05/1	3/2009
	ROVIDER OR SUPPLIER	DRNIA - BARSTOW		1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETING DATE		
K 076	less than 3000 ft3 ((a) Storage locatio enclosure or within noncombustible or construction, with d can be secured aga (b) Oxidizing gases oxide, shall not be sliquid, or vapor. (c) Oxidizing gases oxide, shall be separated incompatible material. A minimum of 2. A minimum of 3 location is protected system designed in Standard for the Instead or 3. An enclosed care construction having rating of one-half he approved flammable be permitted to be used	are Facilities (1999) Requirements. Re for nonflammable gases Re man. Re for nonflammable gases Re man. Re shall be outdoors in an an enclosed interior space of limited-combustible cors (or gates outdoors) that ainst unauthorized entry. Re such as oxygen and nitrous stored with flammable gas, Re such as oxygen and nitrous arated from combustibles or lials by either: Re ft (6.1 m), or ft (6.1 m), or ft (1.5 m) if the entire storage of the an automatic sprinkler accordance with NFPA 1, stallation of Sprinkler Systems, binet of noncombustible a minimum fire protection our for cylinder storage. An all light for cylinder storage cabinet shall used for cylinder storage. In tailer storage shall comply mainer storage locations shall as in storage locations shall as in storage locations shall	K	076	K 076 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home California-Barstow to maintain fire including rooms where the oxygen t stored to be free from combustible in Corrective Action On May 13, 2009 at the time of disc the Health Facility Evaluator I, the cardboard box was removed to comp regulatory standards. In order to enh currently compliant operations, all in staff received in-service training reg regulatory requirements pertaining t storage in Oxygen storage areas, who completed June 10, 2009. Procedure for identifying other areas potentially effected Since all rooms where oxygen tanks stored can be affected, on May 14, 2 medical gas/oxygen storage areas we inspected and no further deficiencies noted. Systemic Changes and Quality Assum Monitoring In order to enhance currently compliance of regulatory standar concerning storage in oxygen equipar rooms. This monitor will be presente Director of Nurses (DON) or design quarterly Quality Assurance Commit	safety anks are material. overy by ply with hance nursing arding o proper ich was are 2009, all ere s were tance iant bserve ds ment ed by the hee to the	
	(g) Cylinder protect shall meet 4-3.5.2.1	ion from mechanical shock			meeting for review and further correaction. The Director of Nurses and to of Plant Operations will monitor for compliance. (V. 076 cont. peytpage)	cuve be Chief	

Event ID: Y31821

(K 076 cont. next page)

PRINTED: 06/04/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A BUILDING B. WING 555853 05/13/2009 STREET ADDRESS, CITY, STATE, ZIP CODE F PROVIDER OR SUPPLIER 100 EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Also, rounds will be conducted on a weekly K 076 K 076 Continued From page 7 basis by the Health and Safety officer as (i) Smoking, open flames, electric heating well as the Standards Compliance elements, and other sources of ignition shall be Coordinator to monitor compliance. This prohibited within storage locations and within 20 ft additional audit will be presented to the (6.1 m) of outside storage locations. quarterly Quality Assurance Committee for (j) Cylinder valve protection caps shall meet 4review and further corrective action. 3.5.2.1(b)14. Findinas: During the observation of the oxygern cylinder storage rooms with the facility staff on May 13, 2009 at 11:34 a.m., in Oxygen Storage room, 700 wing, there was a cardboard box containing paper refuse stored within approximately twelve inches K 077 NFPA 101 Life Safety Code of nine 'e' oxygen tanks. Standard: K 077 NFPA 101 LIFE SAFETY CODE STANDARD K 077 It is the policy of the Veterans Home of SS=C California-Barstow to maintain our medical Piped in medical gas systems comply with NFPA gas system and provide periodic testing with 99, Chapter 4. documentation. Corrective Action Please note, the facility has contracted with This STANDARD is not met as evidenced by: Sierra Medical Gas Testing, from San Based on record review and interview, the facility Clemente, to conduct the certification testing failed to maintain their medical gas systems as required by NFPA 99, Chapter 4, on or evidenced by the facility failure to provide a before July 3, 2009. record of periodic testing of the gas system. This could result in the unexpected failure of the Procedure for identifying other residents medical gas system and cause injury to the potentially affected. residents relying on the gas system.. As all residents are potentially affected, VHC-Barstow will take corrective action in Findings: relation to all residents. No procedure for identifying other residents potentially During record review with the facility staff on May affected is necessary. 13, 2009 at 9:28 a.m., the facility provided a medical gas system test report dated April 15, Systemic Changes and Quality Assurance

of the system.

2008. There was no current document of testing

2009 at 9:29 a.m., that the medical gas system

The facility staff member 1 stated on May 13,

(K 077 cont. next page)

Monitoring

The Chief of Plant Operations or designee will inspect and operate the system monthly

to verify it is in proper working order. The

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01

(X3) DATE SURVEY COMPLETED

555853

A. BUILDING B. WING

05/13/2009

F PROVIDER OR SUPPLIER

VETERANS HOME OF CALIFORNIA - BARSTOW

STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311

			- · · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 077	annual system certification test had already been scheduled but had not been accomplished by the time of the survey. Facility staff member 1 stated that the medical gas system was present and operational in the 300 and 700 wings of the	K 077	monthly inspection reports will be presented to the quarterly Quality Assurance meeting for review and further corrective action. The Standard Compliance Coordinator will monitor for compliance	
K 147 SS=D	building. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	K 147 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to maintain electrical safety including monitoring patient rooms for compliance of approved electrical outlet plugs.	
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the electrical system for 2 of 8 smoke compartments as evidenced by the use of interconnected surge protectors and the use of a three outlet electrical adaptor without over current protection. These could result in the increased risk of an electrical fire within the facility.		Corrective Action On May 13, 2009 at the time of discovery by the Health Facility Evaluator I, the unauthorized three-outlet plug in Room A1007, and additional power strip in Room A405, were removed to comply with regulatory standards.	
	NFPA 70 National Electric Code (1999 edition) 400-7. Uses Permitted	n i Ng kilong di	Procedure for identifying other residents potentially effected As all residents are potentially affected, the Veterans Home of California-Barstow will	
	(a) Uses. Flexible cords and cables shall be used only for the following:		take corrective action in relation to all residents. Please note, On May 20, 2009, all nursing staff, Housekeeping staff and Plant Operations staff received a refresher in-	
	(1) Pendants (2) Wiring of fixtures (3) Connection of portable lamps, portable and		service training on Life-Safety, Electrical-Safety,	
	mobile signs, or appliances (4) Elevator cables (5) Wiring of cranes and hoists (6) Connection of stationary equipment to facilitate their frequent interchange (7) Prevention of the transmission of noise or vibration		Systemic Changes and Quality Assurance Monitoring The Health and Safety Officer and Standards Compliance Coordinator will make weekly rounds to inspect that NFPA 70 National Electric Codes are being followed. The (K 147 cont. next page)	

		AND HUMAN SERVICES			FORM): 05/04/2009 1 APPROVED
ATEMENT	RS FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ILTIPLE CONSTRUCTION DING 01	(X3) DATE S	
	•	555853	B. WING	•	05/	13/2009
	F PROVIDER OR SUPPLIER ETERANS HOME OF CALIFORNIA - BARSTOW			STREET ADDRESS, CITY, STATE, ZIP CO 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	EFIX : (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
K 147	(8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for the flexible cord connection (9) Data processing cables as permitted by Section 645-5 (10) Connection of moving parts (11) Temporary wiring as permitted in Sections		K 14	results of these safety rounds v documented and presented at t Quality Assurance committee t review and corrective action.	he quarterly	
	permitted in Section cables shall not be (1) As a substitute if structure (2) Where run throuseilings, suspended floors (3) Where run throusimilar openings (4) Where attached (5) Where concealed	ermitted. Unless specifically a 400-7, flexible cords and used for the following: for the fixed wiring of a ligh holes in walls, structural cellings, dropped cellings, or ligh doorways, windows, or to building surfaces and behind building walls, suspended ceilings, dropped		£1		
	ceilings, or floors (6) Where installed otherwise permitted Findings: The electrical wiring	in raceways, except as in this Code	٠,	·		
:	1. At 11:56 a.m., in surge protector that	Room A1007, there was one connected the TV to a ctor which was connected to	· •			

						FORM	: 06/04/2003 APPROVEI <u>. 0938-039</u>
TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		555853	B. Wil	iG_		05/1	3/2009
F PROVIDER OR SUPPLIER VETERANS HOME OF CALIFORNIA - BARSTOW				1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG			ID PRÉF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
K 147	F PROVIDER OR SUPPLIER VETERANS HOME OF CALIF (X4) ID SUMMARY ST (EACH DEFICIENC REGULATORY OR K 147 Continued From potential countries 2. At 12:33 p.m., in three outlet electrics	ical outlet (piggy back). 3 p.m., in Room A405, there was a et electrical adaptor without over-current that connected an appliance to the	K	47			

(;i)

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF VETERANS AFFAIRS VETERANS HOME OF CALIFORNIA-BARSTOW

)0 E. VETERANS PARKWAY BARSTOW, CALIFORNIA 92311-7003 (760) 252-6200



June 19, 2009

Ms. Colleen Reeves
Department of Public Health
Licensing and Certification
Life Safety Code Unit
464 West 4th Street, Suite 529
San Bernardino, CA 92401

Dear Ms. Reeves:

This letter is to transmit our addendum to the plan of correction for the Life and Safety Code survey conducted on May 13, 2009. Our plan of correction will serve as the facility's credible allegation of compliance.

If there are any questions, or if additional information is required, please contact Ms. Christina Barnes, Standards Compliance Coordinator, at (760) 252-6258.

Sincerely,

JAME J/TODD, LNHA

Administrator

Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDIN	IG 01	COMPLETED
		555853	B. WING_		05/13/2009
-	PROVIDER OR SUPPLIER	ORNIA - BARSTOW	1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
K 000	K3 Building: 01 K6 Plan Approval: K7 Survey Under: 2	January 17, 2002	K 000	Preparation and execution of this p correction in no way constitutes an or agreement by the Veterans Hom California-Barstow of the truth of alleged in this statement of deficies plan of correction. This plan of co- submitted to comply with State and law. This plan of correction serves credible allegation of compliance.	admission e of he facts ncies and rrection is I Federal
	Department of Pub Unit, during a Life S facility, using the Ni (existing) of the Life	sents the findings of the lic Health, Life Safety Code Safety Code Survey of the FPA 101 2000 Edition a Safety Code. The facility was CFR 483.70(a) for Long Term			
K 012 SS=D	Salvador C. Navarr NFPA 101 LIFE SA Building constructio	epartment of Public Health: o, HFE I FETY CODE STANDARD n type and height meets one .1.6.2, 19.1.6.3, 19.1.6.4,	K 012	K 012 NFPA 101 Life Safety Code It is the policy of the Veterans Hor California-Barstow to maintain al. clean and free from penetration ho Corrective Action On May 14, 2009 an inspection of in the walls that were identified for compliance with regulatory standa	ne of I walls I walls the holes Toon-
	Based on observation maintain the integrit for 3 of 8 smoke counsealed penetration. These could result if fire throughout the foof injury to the residuals.	s not met as evidenced by: on, the facility failed to y of the building construction mpartments as evidenced by ns within the facility walls. n the spread of smoke and acility and the increased risk ents due to smoke and fire. ER/SUPPLIER RÉPRESENTATIVE'S SIGNA		evaluated by Plant Operations. The were repaired with 3M Fire Barrie Silicone Sealant, immediately in the Electrical room, 700 wing Room 3 TV area 400 pod 300 wing. Also, 21, 2009 in-service training was purely plant operation personnel regar recognizing, repairing and monitor hole penetrations. (K 012 cont. on next page)	r 2000+ le 23 and on May rovided to ding

(X2) MULTIPLE CONSTRUCTION

ency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that juards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

gram participation.

ENTER		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555853	(X2) M A. BUI B. WIN	LDIN	•	FORM OMB NO. (X3) DATE S COMPLE	
	ROVIDER OR SUPPLIER	ORNIA - BARSTOW		10	EET ADDRESS, CITY, STATE, ZIP CODE 00 EAST VETERANS PARKWAY ARSTOW, CA 92311		<u></u>
X4) ID REFIX TAG			PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
₹ 027	Door openings in s 20-minute fire prote 1%-inch thick solid protective plates th from the bottom of Horizontal sliding d Doors are self-clos accordance with 19 not required to swill latching is not requi19.3.7.7	moke barriers have at least a section rating or are at least bonded wood core. Non-rated at do not exceed 48 inches the door are permitted. oors comply with 7.2.1.14. ing or automatic closing in 3.2.2.2.6. Swinging doors are no with egress and positive ired. 19.3.7.5, 19.3.7.6,	**) \(\)	. 1	K 027 NFPA 101 Life Safety Code Standard: It is the policy of the Volume of California-Barstow to prosmoke barrier double door to close positive latchet in case of a fire. Corrective Action On May 14, 2009 smoke barrier double door leafs located outside A807 were repaired by adjusting the latching mechanism, which allowe the doors to latch properly and comply with regulatory standards. Also, on May 21, 2009 in-service provided to all plant operations star regarding inspection and repair of smoke barrier double doors.	eterans ovide a e with a he d	
		is not met as evidenced by:			Sinere Dairies double doors.		

This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain 1 of 7 sets of smoke barrier double doors as evidenced by a smoke barrier door leaf that failed to positive latch upon closure. This could result in spread of smoke and fire from one smoke compartments to the adjacent smoke compartment and the increased risk of injury to the residents due to smoke and fire.

Findings:

During the facility tour with the facility staff on May 13, 2009 at 10:45 a.m., the smoke barrier double doors outside of Room A807, 700 wing, 1 of 2 door leafs failed to positive latch upon self closure.

K 050 SS=C

NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under varying conditions, at least quarterly on-each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are

Procedure for identifying other doors potentially affected

Please note, as all smoke barrier double doors are potentially affected, an inspection by Chief of Plant Operations was conducted on May 14, and repeated on June 8, 2009 of all facility smoke barrier double doors to test that door leafs worked properly. No further deficiencies were noted.

Systemic Changes and Quality Assurance Monitoring

In order to enhance currently compliant operations, the Chief of Plant operations will inspect all latching door mechanisms of smoke barrier double doors on a monthly basis. These inspections will be documented and presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance. (K 050 starts next page)

Facility ID: CA17001867

K 050

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

TEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SURVEY	
PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILI	DING 01	COMPLETED	
		555853	B. WING	3	05/13/2009	,
	PROVIDER OR SUPPLIER	ORNIA - BARSTOW	8	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(4) ID REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLE	ETION
< 062	result in the spread	ege 5 I of a fire throughout the facility risk of injury to the residents	K 06	K 062 Life Safety Code Standard It is the policy of the Veterans Ho California-Barstow to maintain a equipment including the Escutche around the fire system ceiling spr compliance with regulatory stand	ome of all eon rings rinklers, in	
₹ 076	13, 2009 at 11:40 p the Nurse Station, 7 missing an escutch approximately four surrounding the spr	our with the facility staff on May o.m., in the Med room within 700 wing, 1 of 1 sprinklers was neon ring leaving an inch round penetration rinkler head.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	On May 14, 2009 the Chief of Pla Operations made an inspection of Medication room of the 700 unit replaced the missing Escutcheon comply with regulatory standards Procedure for identifying other Es	f the and ring, to	
SS=D		e and administration areas are lance with NFPA 99, th Care Facilities.		rings potentially affected As all Escutcheon rings around the system sprinkler rings are potential affected, on May 14, and repeated 2009 the Chief of Plant Operation	ally i on June 8,	
		locations of greater than closed by a one-hour		designee made an inspection of al Escutcheon rings. One ring in ro was repaired and replaced as a pro measure. No other deficiencies no	ll of the om A719 eventative	
		pply systems of greater than ted to the outside. NFPA 99	د.	Systemic Changes and Quality As Monitoring The Chief of Plant operations has placed inspections of Escutcheon necessary repairs on a monthly primaintenance program, with the modeling presented to the quarterly Q	now rings for eventive onitors	
	Based on observation maintain the designation of 8 smoke compastorage of combustitanks within a designable could result in the could result in the maintain of the could result in the could result in the maintain the could result in the could result in the maintain the could result in t	s not met as evidenced by: on, the facility failed to ated oxygen storage areas for artments as evidenced by the ible materials with oxygen inated oxygen storage area. the increased risk of fire within increased risk of injury to the	, , 33	Assurance Committee meeting for and evaluation for further action. of Plant Operations and the Stand Compliance Coordinator will mor compliance.	r review The Chief ards	